



Department of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Tynesia Dorsey, Interim Director

Insurer Sponsor Acknowledgment for Ohio Resident Temporary License

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | licensing@insurance.ohio.gov | insurance.ohio.gov

TEMPORARY LICENSE APPLICANT INFORMATION

Name of Applicant for Temporary License:

NPN#:

EMPLOYER INFORMATION

Name of Agency, Broker, or Insurer:

NPN or NAIC #:

SUPERVISOR INFORMATION

Name of Licensed Supervisor(s):

NPN#(s):

INSURER SPONSOR INFORMATION

Name of Insurer Sponsor:

NAIC#:

Name of Individual Authorized to Act on Behalf of the Insurer:

NPN# (if applicable):

INSURER SPONSOR ACKNOWLEDGMENT

By completing this Insurer Sponsor Acknowledgment and agreeing to sponsor the applicant for a temporary license named above, the INSURER SPONSOR understands it is fully responsible for the actions of the Temporary License Holder and will be held accountable for any misconduct or violation of insurance law committed by the TEMPORARY LICENSE HOLDER.

The INSURER SPONSOR further agrees to ensure that:

1. It will maintain a record of all sponsored temporary license holders and the business transacted by each.
2. It will ensure the Temporary License Holder is directly and properly supervised by a licensed agent in good standing with the State of Ohio, or where applicable, a FINRA-licensed registered principal.
3. It will notify the Ohio Department of Insurance in writing if the sponsored temporary license holder is no longer employed or under the direct supervision of the insurer sponsor, and shall disclose all details as to circumstances causing termination.
4. The scope of the temporary license holder's duties will not exceed the authority granted through the temporary license.

The INSURER SPONSOR will be deemed to have appointed the TEMPORARY LICENSE HOLDER and the appointment will be for the duration of the temporary license.

Signature:

Date:

Email: